SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2012



Page 1 of 17

		COA	VER P	AGE		Santa S	dilli bia anomo anomo anomo		reservatives
1. NAME OF COMMITTEE									
Aaron Lewis Here For Hartford									
2. TREASURER NAME					receive Days				
Alovandor		М	Last	T 11				Suffix	
Alexander		Н	Camp	pell					
3. TREASURER ADDRESS Street Address			City				State	Zip Code	
21 Oxford Lane			Windsor				СТ	06095	
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Complet	e only if Candid	ute Committee)			Escape III	6. DISTRICT NUMBI	ER
(mm/dd/yyyy) 11/5/2019	Mayor							(if applicable)	
7, CANDIDATE NAME (Complete only if									
First Aaron		MI	Last	•				Suffix	
			Lewis	;					
8. TYPE OF REPORT (Check One Box) O January 10 filing	O7th day preced	lina nrimar	·· • 7	th day preceding	r referendum	∩ Iı	nitial Cont	ribution or Disburseme	ent
			•	m day preceding 5 days following			PACs ONLY)		J116
April 10 filing	30 days follow				i referenciam		Amendmen		
O July 10 filing	7th day preced	ing election	_)eficit		Ty	ype of Rep	oort:	
October 10 filing	12th day prece (State Central Con			ermination		-			_
O Independent Expenditure □Primary □Election	O45 days follow not held in No		n						
9. PERIOD COVERED									
	Beginning Dat	te		Ending	g Date				
	7/1/2019		thru	9/30/2019	}				
•			_						
10. CERTIFICATION			College of						
I hereby certify and state, under p					set forth on th	nis Iter	mized Ca	mpaign Finance	
Alan)			Alexander	H. Campbell	l 		_	10/10/2019	
TREASURER OR DEPUTY TREASURI	ER (SIGNATURE)	-	PRINT NAM	E OF SIGNER				DATE (mm/dd/yyyy)	
and control of the program of the part Control of the control of t					un de de de la como de La como de la como dela como de la como de				

PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.

SUMMARY PAGE TOTALS

VAME OF COMMITTEE	TYPE OF REPORT	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		0
12. Balance on hand at the beginning of Reporting Period	292.92	
13. Contributions Received from Individuals (Sections A and B)	1092.76	4273.76
14. Receipts from Other Committees (Sections C1 and C2)	0	o
15. Other Monetary Receipts (Sections D through K)	0	О
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	0
16b. Per Public Act 11-48, effective January 1, 2012 Section L2, removed	and the programment of the desired of	
16c. Total Purchases of Advertising—Program Book or Sign (Section L3) Municipal and Town Committees ONLY	0	0
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	1092.76	4273.76
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	1385.68	1092.76
19. Expenses Paid by Committee (Section P)	1326.91	4215.39
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	58.77	58.77
21. In-Kind Donations not Considered Contributions Received (Section L4)	1500.00	4559.96
22. In-Kind Contributions Received (Section M)	0	220.00
23. Refundable Deposit to Telephone Company (Section N)	0	О
24. Receipts of Organization Expenditures (Section O) <i>OPTIONAL</i>	0	0
25. Beginning Loan Balance	0	
25a. + Loans Received (Section D)	0	0
25b. + Interest and Penalties on Loan	0	0
25c Payments on Loan	0	0
25d. Total Outstanding Loan Amount	0	
26. Campaign Expenses Paid by Candidate (Section Q)	0	0
27. Expenses Incurred on Committee Credit Card (Section R)	0	О
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	511.17	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	511.17	

I. MONETARY RECEIPTS (Sections A—K)

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Page	3	of	1

NAME OF COMMITTEE	III WOMEN TO THE	10131	H IB (Beetlons	TYPE OF REPORT		er e les coluis visus est	
Aaron Lewis Here For Hartford				October 10 Filling			
A. Total Contributions from Sm (See instructions for definition of Small C		conting to making the party of	S Period ONLY OTAL SECTION A	\$ 42.76	and disk the disease of the disk of the di		
Last Name	B. Itemized Co	ntribu Firs	utions from Indivi	duals		TMI	
Napoleon			enny			N N	
Residential Street Address		City			State	Zip Code	
6634 Oakman Blvd.		Detro	it		ΜI	48228	
Principal Occupation			Name of Employer				
Sheriff - Elected			Wayne County M	ich.			
or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a cand is associ	didate for a chief executive iated with have a contract Yes No	e officer of a municipality with said municipality		ount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #		nch or bi	ranches	te contractor? Yes		J.00	
Method of Contribution:			Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Car	rd OPayroll Deduction OMoney		7/26/19	750.00			
Rome		Firs	t chard			МI R	
Residential Street Address		City			State	Zip Code	
1201 F St NW Ste 500		-	nington		DC	20004	
Principal Occupation		1140	Name of Employer				
Real Estate			Savills				
or dependent child of a lobbyist? 🛛 💽 No 📗	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Amo	ount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Is contributor a principal of a If yes, indicate which bran of government the contrac	nch or bi	ranches _	_ No	3	.00	
Method of Contribution:			Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Car	rd OPayroll Deduction OMoney	Order	7/31/2019	250.00			
Last Name		Firs				MI	
Romano			aron		T G4-4-	Zip Code	
Residential Street Address 55 Woodland Ave.		City Bloom	mfield		State	06002	
Principal Occupation		Diooi	Name of Employer		101	10000-	
Attorney			Aaron J Romano	, PC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					ount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Is contributor a principal of a If yes, indicate which brat of government the contrac	nch or bi	ranches	te contractor? Yes	s		
Method of Contribution:			Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Car	rd OPayroll Deduction OMoney	Order	8/1/2019	200.00			
		SUBT	FOTAL Section B –	This Page 850.0	00		
	j	OTA	L of additional Sect	ion B Pages 200.0	00		
TOTAL	OF ALL CONTRIBUTIONS		M INDIVIDUALS (Se		.76		

Rev. Uf1	l.	WUNETARY RE	LUL	IP IS (Sections A	A—K)			
NAME OF COMMITTEE		parallelius epipolisis is in p			TYPE OF REPORT			
Aaron Lewis Here For Hartford					September 10 Fi	lling		
A. Total Contributions from S	mall	Contributors-Receiv	ed th	is Period ONLY	A			
(See instructions for definition of Small	and the second section			OTAL SECTION A	\$ 0.00			
		R I femized Co.	ntrik	utions from Indivi	Ingle second			
Last Name			Fi					М
Brown			Т	yann				
Residential Street Address			City			State	1	Code
20 Orchard St			Broo	kfield		СТ	06	804
Principal Occupation				Name of Employer				
Director				Guideposts				
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a car does contributor or business he/she is asso valued at more than \$5,000?							.mount o .00.00	f Contribution
is this contribution associated with a Principal of Section L1? Yes Is contributor a principal of If yes, indicate which by the section L1? If yes, list Event #				branches	te contractor? SYON	es	00.00	
Method of Contribution:				Date Received	Aggregate Contributions	1		
Cash Personal Check OCredit/Debit C	ard (Payroll Deduction OMoney	Order	8/2/19	100.00			
Last Name			Fi					МІ
Scott			F	elecia ————————————————————————————————————				
Residential Street Address			City Glastonbury			State	_ I -	Code 033
232 Lancaster Rd.			Gias	Name of Employer		101	00	
				Stanley Black and	d Decker			
Program Leader	1f or	ontribution is in excess of \$400	to a car			ty A	mount o	f Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	does	s contribution is in excess of \$400 s contributor or business he/she and at more than \$5,000?	is asso	ciated with have a contract Yes No	with said municipality		00.00	Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #		Is contributor a principal of a <i>If yes</i> , indicate which bra of government the contract	nch or l	branches	te contractor?	es o		
Method of Contribution:				Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit (ard (Payroll Deduction OMoney	Order (8/10/2019	100.00			
Last Name		•	Fi	rst				Mī
Residential Street Address			City			State	Zip	Code
			ĺ					
Principal Occupation			1	Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	doe	ontribution is in excess of \$400 s contributor or business he/she and at more than \$5,000?	to a ca	ndidate for a chief executive idea with have a contract Yes No	e officer of a municipal with said municipality	ity, A	lmount (f Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes	Is contributor a principal of a If yes, indicate which bra of government the contra	ınch or	ontractor or prospective sta branches	nte contractor? Y	es lo		
Method of Contribution:				Date Received	Aggregate Contributions	\neg		
OCash OPersonal Check OCredit/Debit C	Card (Payroll Deduction Q Money	y Order					
			SUE	TOTAL Section B -	This Page 200	.00		
				AL of additional Sect		.76		
TOT	/L O	FALL CONTRIBUTION	S FRC	OM INDIVIDUALS (S	etions A + B)	2.76		
	4000		(Enter	total on Line 13 of Summi	ry Page Totals)	, 0		

NAME OF COMMITTEE Aaron Lewis Here For Hartford					TYPE OF REPORT	
Adion Lewis Hele For Hartiord					October 10 Fillin	g
Name of Committee	CI. C	outributio	ns from (Other Comr		
				Ivalic of frea	2mci	
Address						
Address			Is this cont	ribution associat event listed in S	ted with a Yes ONo	Amount of Contribution
			rundraising	If yes,	list Event #	
City	State	Zip Code	Date Rec	eived	Aggregate Contributions	
Name of Committee		, , , , , , , , , , , , , , , , , , ,		Name of Treas	surer	
Address			T			1 00 (1)
			Is this cont fundraising	ribution associat event listed in S	ted with a Yes ONo Section L1?	Amount of Contribution
				If yes, 1	ist Event #	
City	State	Zip Code	Date Rec	eived	Aggregate Contributions	
Name of Committee				Name of Treas	surer	
Address			I to this cont	ributian agasaist	ad with a Neg ANG	Amount of Contribution
			fundraising	event listed in S	ed with a Yes No Section L1?	rimount of Contribution
City	Leave	1			list Event #	_
City	State	Zip Code	Date Rec	eived	Aggregate Contributions	
Name of Committee				Name of Treas	surer	
Address			Is this cont	ribution associat	ed with a Yes ONo	Amount of Contribution
			fundraising	event listed in S	Section L1? list Event #	
City	State	Zip Code	Date Rec		Aggregate Contributions	\dashv
- 9		Lip code				
C2. Reimbursem	ents, Pay	ments, or	Surplus I	Distribution	s from other Committe	ees
Name of Committee				Name of	Treasurer	
Address				<u> </u>	Date Received	Amount of Receipt
City	Sta	te Zip C	ode	Reimbur	sement for shared expense	
				Surplus I	for goods and services Distribution	
Name of Committee		<u> </u>		Name of	Treasurer	
Address					Date Received	Amount of Receipt
City	Sta	te Zip C	ode	(Reimbur	sement for shared expense	
				Payment	for goods and services Distribution	
				O ompius i	Zian loution	
			SUBTOT	AL Section (C — This Page 0	
					ection C Pages 0	
					T.M. T. C.M.B.C.	
TOTAL					ND RECEIPTS minuty Page Totals)	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE				TYP	E OF F	EPORT			
Aaron Lewis Here For Hartford				Oct	October10 Filling				
e de la companya de l La companya de la co	Loans I	Receive	d this Period	•			age (Steel) Carlo Second College		
Name of Lender			Source of Loan:		. 1	5 0/1	Date of Receipt		
			OBank O Candi	idate O indi	viduai	Committee			
Street Address	City			State	;	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No		
Name of Cosigner/Guarantor (if applicable)				<u>l</u>			Amount Received		
Street Address	City			Stat	e	Zip Code			
						•			
Name of Lender			Source of Loan: OBank OCandi	date OIndi	vidual	Other Committee	Date of Receipt		
Street Address	City	<u> </u>		State		Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No		
Name of Cosigner/Guarantor (if applicable)							Amount Received		
Street Address	City			State	e]	Zip Code			
Name of Lender	<u> </u>		Source of Loan: Bank Candi	idate OIndi	vidual	Other Committee	Date of Receipt		
Street Address	City			State	;	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No		
Name of Cosigner/Guarantor (if applicable)							Amount Received		
Street Address	City			Stat	е	Zip Code			
			TOT	AL SECT	ION I) 0			
E. Receipts from Entities other than Name of Entity	Individ	uais or	Teamer Commi	ttees (keje	renau	m Commutees	UNE)		
Street Address				Date Receiv	red		Amount Received		
nied Addiess									
City		State	Zip Code	Aggregate (Contribu	tions			
Name of Entity									
Street Address				Date Receiv	red		Amount Received		
Sity		State	Zip Code	Aggregate	Contribu	itions			
Name of Entity			1						
Street Address				Date Receiv	<i>r</i> ed		Amount Received		
City		State	Zip Code	Aggregate	Contribu	tions			
	restance and the		TA	TAL SEC	TION	IE O			

NAME OF COMMITTEE	WARRIED TO THE TOTAL TO THE TOTAL TO	OINDIAKI KEC	1211 15 (Section	TYPE OF REPOR	341
Aaron Lewis Here				October 10 F	
erio Polenia e de la Po r i	Amount Transferred	from Affiliated Rusin	ore Treasury (Paul		
Date of Receipt	Is this transaction assoc fundraising event listed	iated with a Oves 11	yes, list Event #	ess may commu	Amount
Date of Receipt	Is this transaction assoc fundraising event listed	iated with a hard in Section L1? Yes If	yes, list Event #		Amount
Date of Receipt	Is this transaction assoc fundraising event listed	iated with a Yes If in Section L1? No	yes, list Event #		Amount
Date of Receipt	Is this transaction assoc fundraising event listed		yes, list Event #	5 M (N) (N)	Amount
			TOTAL	SECTION F	0
G, Amount Tr	ansferred from Affilia	ted Labor Union or C	Other Organization	Treasury (Orga	nization Committees ONLY)
Date of Receipt		Date of Receipt		Date of Receipt	
A	mount	Amo	unt		Amount
			TOTALS	ECTION G	0
	H.: Personal Funds of	sk. C. Allet Door	ad Att Daded (C.		ONEV
Date of Receipt	Method of payment:	the Candidate Access	en uns reriou ica	indiane Communees	Amount
Sale of Recorpt	C Cash	Personal Che	eck Credit/De	ebit Card	
Oate of Receipt	Method of payment: Cash	Personal Che	eck Credit/Do	ebit Card	Amount
Date of Receipt	Method of payment:	Personal Che	eck Credit/De	ebit Card	Amount
Date of Receipt	Method of payment:				Amount
_	O Cash	O Personal Che	eck Credit/De	ebit Card	
ordenista i kultusta kungun. Augustus kalangan kungu			TOTAL \$	ECTION H	0

I. Anonymous Contributions

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

Rev. 1/12	I. MUNETARY RECEIPTS (Section 1)	ions A—K)		Tage / Of 1/
NAME OF COMMITTEE		TYPEO	FREPORT	
Aaron Lewis Here For Hartford		Octobe	er 10 Filling	
	J. Interest from Deposits in Authorized A	ecounts		
Name of Institution	•	Date Reco	ived	Amount
United Bank				
Street Address	City	State	Zip Code	┦°
225 Asylum St.	Hartford	СТ	06103	
Name of Institution		Date Rece	eived	Amount
Street Address	City	State	Zip Code	_
	Chy	State	Zip Code	
	TO	TAL SECTIO	NJ 0	
K. Mir	scellaneous Monetary Receipts not Consider	ed Contribut	ions	
Name			e of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description				
·				
Name		Date	e of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description				
Description				
Name		Date	e of Transaction	Amount Received
Street Address	City	State	Zip Cođe	
Donnistin				
Description				
Name		Dat	e of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description				
Description				
		100 CD 100	****	
	${f U}$	TAL SECTIO	NK 0	
SUMMAR	Y OF OTHER MONETARY RECEIPTS (S	lections D th	rough K)	
Total Loans Received this Period (Secti	ion D)		0	
Total Receipts from Entities other than	Individuals or Other Committees (Section E)		+ 0	
Total Amount Transferred from Affilia			+ 0	
	ted Labor Union or Other Organization Treasury (Sec	etion G)	+ 0	
	Candidate Received this Period (Section H)	<u> </u>	+ 0	
Total Amount of Interest from Deposits			+ 0	
	s not Considered Contributions (Section K)		+ 0	
Total of Other Monetary Receip	ts (Add Sections D through K) (Entertotal on Line 15	of Summary Page	Totals) 0	

II. FORDINADING EVE	ATTACITY III (SC	,					
NAME OF COMMITTEE Aaron Lewis Here For Hartford		TYPE OF REPORT					
	r Event Information	October 10 Filling					
Fundraising Event # Description	a event intomization						
Date of Fundraiser Letter							
Location: Street Address	City		State	Zip Code			
Subpart 1: (All Committees)				l			
Was this fundraising event hosted at a personal residence?	Yes (If yes, go to Section L4	In-Kind Donations not Co	nsidered (Contributions			
•		information for purchases ma	ade by host	(s) for food,			
	beverage and invitation ONo	S.)					
Did this fundraiser include items donated by a business entity of up to	Yes (If yes, go to Section L4	In-Kind Donations not Co	nsidered (Contributions			
\$100 or items donated by an individual of up to \$100?	and complete required i	nformation.)					
Was this fundraiser a tag sale, auction, or other sale of donated items	OYes (If yes, enter Total Rece	ints here \					
with purchases from an individual of up to \$100?		\$					
fl. I and a fl. of the state of	O _{No}	· L	******				
Subpart 2: (Town Committees and Municipal Candidate Committees Of Were there purchases of advertising space in a program book or on a	NLY) Yes (If yes, go to Section L.	3 Purchases of Advertising	Space in a	Program Book			
sign associated with this fundraiser?	or on a Sign and comp	lete required information.)	_				
Subpart 3: (Town Committees ONLY)	O No						
Did your committee sell food or beverage at a fair or similar mass	Yes (If yes, enter Total Rec	ecipts here.)					
gathering held within the state with this fundraiser?	O No						
	O No						
Fundraising Event # Description							
Fundraising Event # Description Date of Fundraiser Letter							
Location: Street Address	City		State	Zip Code			
SHOCK FACILITY	City .			•			
Subpart 1: (All Committees) Was this fundraising event hosted at a personal residence?	O Veg /Hugg go to Casting Ld	In Kind Donations not Ca	nsidered (antributions			
was this fundraising event nosted at a personal residence?	Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food,						
	beverage and invitations.) ONo						
Did this fundraiser include items donated by a business entity of up to	Yes (If yes, go to Section L4	In-Kind Donations not Co	nsidered C	Contributions			
\$100 or items donated by an individual of up to \$100?	and complete required i						
TTT dis C 1 is distributed by the Land Company	ONO OYes (If yes, enter Total Rece	into boro)					
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		\$					
-	O _{No}	· L					
Subpart 2: (Town Committees and Municipal Candidate Committees O Were there purchases of advertising space in a program book or on a	NLY) Yes (If yes, go to Section La	Purchases of Advertising	Space in a	Program Book			
sign associated with this fundraiser?	or on a Sign and comp	lete required information.)					
	O No						
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass	Yes (If yes, enter Total Rec	eipts here.)					
gathering held within the state with this fundraiser?		→ [♣					
	O No						
SUBTOTAL Section Li-Support 1 (All Committees) Total Receip	ots from Sale of Donated Items	—This Page 0					
SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total	Receipts from Food Purchases	— This Page 0					
	TOTAL of additional Sect	tion Li Pages 0					
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES	(Enter total on Line 16a of Summa	ry Page Totals) 0					

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. Section L2. removed

NAME OF COMMITTEE	and the English Control of			TYPE OF REPO	************		
Aaron Lewis Here For				October 10 F			
	es of Advertising in a l	Program Book	cor on a Sign	(Municipal Candidate and Tov	yn Con	nmittees ONI	AY)
Name of Purchaser						e Made By:	A
						siness Entity	
Street Address			City		O S01	le Proprietorsh State	zip Code
			Cary			Diule	Zip Codo
Date Received	F4#	1		I		<u> </u>	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purcha	ise .	Amount of Sig	gn Purchase
Name of Purchaser					-	e Made By:	
					_	siness Entity	O Individual
Street Address			City		O Sol	e Proprietorshi	p Zip Code
Made I Markon			City			State	Zip Code
		·		1			
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purcha	ise .	Amount of Sig	n Purchase
Name of Purchaser						e Made By:	
						siness Entity	
			r		OSol	e Proprietorsh	
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purcha	ise .	Amount of Sig	gn Purchase
Name of Purchaser		1			Purchas	e Made By:	
					OBu	siness Entity	Individual
					OSol	le Proprietorsh	
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purcha	ise .	Amount of Sig	n Purchase
Name of Purchaser					Purchas	e Made By:	
					OBu	siness Entity	Individual
					OSol	le Proprietorsh	ip
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purchs	ise .	Amount of Sig	n Purchase
	GIANNEGON		6	ANE I			·····
	SUBTUTAL			and Town Committees ONLY) 1 Program Book — This Page			
		SUI	TOTAL Section	L3 (Town Committees ONLY)	0		
				rtising on a Sign — This Page			
			TOTAL	fadditional Section L3 Pages	О		
more.		OF ADVERGE	INC IN A PDOC	RAM BOOK or ON A SIGN			
	AD OF ALL TORCHARD.	E	nter total on Line	16c of Summary Page Totals)	0		

II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

NAME OF COMMITTE				TYPE	OF REPORT		
Aaron Lewis Here					per 10 Fillir	ng	·
en in de la merce seulten som en Inglick op in de la merce seulten	L4. In-	Kind Donations I	Not Conside	red Contributions			
Name of Donor							
Aaron Lewis							
Street Address			City			State	Zip Code
221 Trumbull St.			Hartford			СТ	06103
Donation Given By:	Description of Donation					Fair Market Va	lue of Donation
OBusiness Entity	Campaign Office (set.	\$500 per month)					
• Individual	Date Received	Event #		Aggregate Value for this Ev	ent	1500.00	
Sole Proprietorship	Monthly			1500.00			
Name of Donor	***************************************						
Street Address			City			State	Zip Code
Donation Given By:	Description of Donation						_l llue of Donation
Business Entity							
• Individual	Date Received	Event#		Aggregate Value for this Ev	ent		
Sole Proprietorship							
Name of Donor	1						,,.,
				•			
Street Address			City			State	Zip Code
						-	
Donation Given By:	Description of Donation		<u> </u>			Fair Market V	alue of Donation
OBusiness Entity							
OIndividual	Date Received	Event#		Aggregate Value for this Ev	ent		
Sole Proprietorship							
Name of Donor	<u> </u>						
Street Address			City			State	Zip Code
Donation Given By:	Description of Donation					Fair Market Va	lue of Donation
OBusiness Entity							
O Individual	Date Received	Event #		Aggregate value for this Eve	ent		
O Sole Proprietorship							
			еиртатат с	ection L4— This Page	4500		
			SUBTUTALS	ection La— Tibs Tage	1500.0)()	
		η	OTAL of addi	tional Section L4 Page	s 0		
		机多数数 4000 1111 1111					
	TOTAL OF ALL IN-KIN					00	
		(Enter to)	ul on Line 21 o	f Summary Page Total	9)		

Rey. 692	I.M. I VOI VIVE ()	THE MARKET INDICES	EII ID (Beetions MI—O	,		•
NAME OF COMMITTEE			TYPEOFR	EPORT		
Aaron Lewis Here For Hartford			October ⁻	10 Filling		
		M. In-Kind Cont	ributions			
Name		***************************************				
Street Address					10.	12: 0.1
Sireet Address			City		State	Zip Code
Type of contributor: Committee	Date Received	Aggregate Contributions	Description of In-Kind Contribution			<u> </u>
OIndividual / Sole Proprietorship Other	Date Received	Aggregate Contributions	Description of In-Kind Condistation			
	If contribution is it	n excess of \$400 to a candid	ate for a chief executive officer of a mu	micinality	Fair i	Market Value
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		r business he/she is associate	ed with have a contract with said munic Yes No			Contribution
Is this contribution associated with a			atractor or prospective state contractor?	OYes		
fundraising event listed in Section L1? If yes, list Event #	No If yes,	indicate which branch or brancher the contract is with:	anches	No		
Name	Of gove	Annent the Contract is will.	D Executive D registative	,	***************************************	
Street Address		C	ity		State	Zip Code
Type of contributor: OCommittee	Date Received	Aggregate Contributions	Description of In-Kind Contribution			
OIndividual / Sole Proprietorship OOther						
Is contributor a lobbyist, spouse,			ate for a chief executive officer of a much with have a contract with said munic			Market Value Contribution
or dependent child of a lobbyist? O No	valued at more tha		O Yes O No	apanty	GI UHS	Contribution
Is this contribution associated with a fundraising event listed in Section L1?			stractor or prospective state contractor?	O Yes No		
If yes, list Event #		indicate which branch or branch the contract is with:				
Name						
					1 04-4-	Zip Code
Street Address		C	Sity		State	Zip Code
Type of contributor: Committee	Date Received	Aggregate Contributions	Description of In-Kind Contribution			
Olndividual / Sole Proprietorship Other		30 00				•
Is contributor a lobbyist, spouse, Yes	If contribution is in	n excess of \$400 to a candid	ate for a chief executive officer of a mu	ınicipality,	Fair I	Market Value
or dependent child of a lobbyist? No	does contributor or valued at more that		ed with have a contract with said munic Yes No	ipality	of this	Contribution
Is this contribution associated with a	<u> </u>		ntractor or prospective state contractor?	QYes		
fundraising event listed in Section L1? If yes, list Event #		indicate which branch or branch the contract is with:		Ö №		
		ŞIII	TOTAL Section M — This Page	0		
		101	AL of additional Section M Page	³⁸ 0		
TOTAL OF ALL I	N-KIND CONTI	RIBUTIONS (Enter tota	d on Line 22 of Summary Page Totals) 0		
	N. Refun	dable Deposit to Te	lephone Company			
Last Name of Individual		First		М	Date Deposi	t Made
Residential Street Address		City	State Zi	p Code		Amount of
						Deposit
Name of Telephone Company						
Street Address		City	State Zi	p Code	_	
	TOTALS	SECTION N (Enter tota	t on Line 23 of Summary Page Totals)		

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE				TYPE OF REPORT	
Aaron Lewis Here For Hartford		October 10 Filling			
O. Non-Monetary Receipts of Legislative Leadership, Legislative Caucus an					ct 11-48
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONI	LY)	Name of Treasure	ſ		
Street Address		I		Date Notice Received	Fair Market Value of Donation
City	State	Zip Code		Aggregate Donations	
Description of Donation			_	ose of Expenditure (see instructions)	
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONI	LY)	Name of Treasure	Γ		I min manual man
Street Address		I		Date Notice Received	Fair Market Value of Donation
City	State	Zip Code		Aggregate Donations	
Description of Donation	!	'		ose of Expenditure (see instructions)	
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONI	LY)	Name of Treasure	ſ		
Street Address				Date Notice Received	Fair Market Value of Donation
City	State	Zip Code		Aggregate Donations	
Description of Donation		•	_	ose of Expenditure (see instructions)	
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONI	LY)	Name of Treasure	r		
Street Address				Date Notice Received	Fair Market Value of Donation
City	State	Zip Code		Aggregate Donations	
Description of Donation				ose of Expenditure (see instructions) OBOC OD OE	
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONI	LY)	Name of Treasure	r		
Street Address		1		Date Notice Received	Fair Market Value of Donation
City	State	Zip Code		Aggregate Donations	
Description of Donation			_	ose of Expenditure (see instructions)	
	SUBT	FOTAL Section	n O -	This Page 0	
	TOTAL	of additional	Secti	on O Pages 0	
TOTAL RECEIPTS OF ALL C	DRGANIZ Inter total o	ZATION EX n Line 24 of Sun	PEN	DITURES O	

IV. EXPENDITURES (Sections P—T)

A-Page 13 of 17

NAME OF COMMIT	TEB		TYPEOFR	EPORT			
Aaron Lewis He	re For Hartford		October	October 10 Filling			
	P. Expenses	Paid by Committee					
Name of Payee			Date of Payme	ent	Method of	Payment: Check #	
NGP Van\Parac	jon Solutions		Multiple			Debit Card	
Street Address		City			State	Zip Code	
1445 New York	Ave. NW Suite 200	Washington			DC	20005	
Purpose of Expenditure (by code) Web	Description Event # Merchant Fee (7/2/19, 8/2/19, 9/3/19)				54,74	Amount	
Expenditure # (if applicable)							
Name of Payee			Date of Payme	nt	Method of	Payment:	
GoDaddy			7/28/19			Check # Debit Card	
Street Address City					State	Zip Code	
14455 N. Hayde	en Rd.	Scottsdale			AZ		
Purpose of Expenditure (by code) WEB	code)				Amount 252.48		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum Coordinated without reimbursement sought Olndepend		B O C O D	_			
Name of Payee			Date of Payme	nt	Method of Payment:		
Tudor Creative I	LLC		8/1/19	8/1/19		OCheck # ODebit Card	
Street Address		City			State	Zip Code	
263 Flax Hill Ro	l.	Norwalk			СТ	06854	
Purpose of Expenditure (by code) AOTH	Description flyer design		Event #		100.00	Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum Coordinated without reimbursement sought () Independ	. •	The DC OD	_			
Name of Payee	, , , , , , , , , , , , , , , , , , , ,		Date of Payme	nt	Method of	Payment:	
The Russell		7/26/19			Check # 1010 Debit Card		
Street Address		City			State	Zip Code	
103 Pratt St		Hartford			СТ	06103	
Purpose of Expenditure (by code)	Description Campaign Meet and Greet with catering		Event #		409.37	Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum Coordinated without reimbursement sought \(\bigcirc \) Independ						
		SURTOTAL Section	P — This Page	816.59			
		TOTAL of additional S	lection P Pages	510.32	· · · · · · · · · · · · · · · · · · ·		
TOTAL OF	ALL EXPENSES PAID BY COMMITTEE (#	nter total on Line 19 of Sum	nary Page Totals)	1326.9°	1		

IV. EXPENDITURES (Sections P-T)

Page 13 of 17

NAME OF COMMIT Aaron Lewis Hei				TYPE OF REPORT October 10 Filling			
		Paid by Committee		October to Hinne			
Name of Payce	1 , Expense	Tait by Commissie		Date of Payment	Method of	Payment;	
Alex Campbell				8/1/19	0	Check #_1011 Debit Card	
Street Address		City			State	Zip Code	
21 Oxford Lane		Windsor			СТ	06095	
Purpose of Expenditure (by code) RMB	Description Event#					Amount	
	Campaign software - NPG				150.00		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum I Coordinated without reimbursement sought Independ			th reimbursement sought CODDE			
Name of Payee				Date of Payment	Method of	Payment:	
Alex Campbell 9/3/19				9/3/19		Check # 1012 Debit Card	
Street Address		City	1		State	Zip Code	
21 Oxford Lane		Windsor			СТ	06095	
Purpose of Expenditure (by code)	Description		Event #			Amount	
RMB	Campaign software - NPG				150.00)	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum I			th reimbursement sought	1		
, , ,	O Coordinated without reimbursement sought O Independ	ent OOrganization:OA	OB C) C 🔘 D 🔘 E			
Name of Payee				Date of Payment	Method of		
West Indian Soc	sial Club					Check # Debit Card	
Street Address		City			State	Zip Code	
3340 Main St		Hartford			СТ	06854	
Purpose of Expenditure	Description		Event #	!		Amount	
(by code) ATT	Event Attendance				109.34		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum I Coordinated without reimbursement sought Independ	. •		th reimbursement sought			
Name of Payee			<u> </u>	Date of Payment	Method of	Payment:	
GoDaddy				Multiple		Check # Debit Card	
Street Address		City	•		State	Zip Code	
14455 N. Hayde	en Rd.	Hartford			AZ		
Purpose of Expenditure (by code)	Description		Event #	t		Amount	
Web	Web hosting with eCommerce (8/19/19 & 9	9/18/19)	<u> </u>		100.98		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum I Coordinated without reimbursement sought Independ			th reimbursement sought DC OD OE			
		SUBTOTAL Section	ıP—'	This Page 510.32	· · · · · · · · · · · · · · · · · · ·		
		TOTAL of additional S	Section	P Pages 816.27			
TOTAL OF	ALL EXPENSES PAID BY COMMITTEE (#)	nter total on Line 19 of Sum	mary Pi	age Totals) 1326.9	1		

NAME OF COMMITT				TYPE OF REPORT		
Aaron Lewis Her	e For Hartford			October 10 Filling		
	O. Campaign Ex	penses Paid by Candi	date			
Name of Payee (Name of)	Vendor who candidate paid directly)	penious and of Canal		Date of Payment	Te reim	bursement claimed?
	•				İ	
Street Address						Yes O No
Street Address		City			State	Zip Code
Purpose of Expenditure	Description		Event	#		Amount
(by code)						
Name of Payer (Name of 1	 Vendor who candidate paid directly)					
rume of a geo (rume of a	emar who canadate paid inversity			Date of Payment	1	bursement claimed?
					0	Yes O No
Street Address		City	**		State	Zip Code
Purpose of Expenditure	Description		Event	#		Amount
(by code)			D. O. II.	,		Amount
Name of Payee (Name of 1	endor who candidate paid directly)			Date of Payment	Is reim	bursement claimed?
					0	Yes O No
Street Address		City			State	Zip Code
						-
Purpose of Expenditure (by code)	Description		Event	#		Amount
Name of Payee (Name of V	Yendor who candidate paid directly)			Date of Payment	Is reim	bursement claimed?
					0	Yes O No
Street Address		City			State	Zip Code
officet Address		City			State	Est Code
Purpose of Expenditure	Description		Event	#		Amount
(by code)						
Name of Pavee (Name of V	 /endor who candidate paid directly)		1	Date of Payment	Is reim	bursement claimed?
	,				_	Yes No
Street Address		City			State	Zip Code
Purpose of Expenditure	Description		Event !	4		Amount
(by code)						į
11 00 01			-	Date of Payment	T 11	harmant alaimada
Name of Payee (Name of V	endor who candidate paid directly)			Date of Payment		bursement claimed?
					O	Yes No
Street Address		City			State	Zip Code
Purpose of Expenditure	Description		Event #	 		Amount
(by code)	Description					
		SUBTOTAL Section	0-	This Page 0		
		TO THE DOCUM	•	5 7		
		TOTAL of additional S	ection	n Q Pages 0		
TOTALOR	ALL EXPENSES PAID BY CANDIDATE (Enter total on Line 26 of Saw	marv	Page Totals) 0		
IOIAUGI		The same of the same and the sa		,		

NAME OF COMMIT	PEE		ONES (Sections	TYPE OF RI			Tage 13 of 17
, id. of Leowis Tie		T		October 1	o rilling		
Name of Issuing Inst			red on Committee	Crean Cara			
		1	Visa Master C	ard ODiscover	American	Express	Other:
Name of Vendor		75000 de America (m. 1904). Esta esta esta esta esta esta esta esta e		The second secon		Date of Ti	ansaction
Street Address			City			State	Zip Code
Purpose of Expenditure (by code)	Description			Event#			Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Item Coordinated without reimbursem			B OC OD C	- 1		
Name of Vendor		МАЙания политору у учество Се	A CONTRACTOR OF THE CONTRACTOR			Date of Tr	ansaction
Street Address			City			State	Zip Code
Purpose of Expenditure (by code)	Description			Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Item Coordinated without reimburseme			ated with reimbursem	- 1		
Name of Vendor						Date of Tr	ansaction
Street Address			City			State	Zip Code
Purpose of Expenditure (by code)	Description			Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Item Coordinated without reimbursement		. •	ated with reimbursem			
Name of Vendor]	Date of Tr	ansaction
Street Address			City			State	Zip Code
Purpose of Expenditure (by code)	Description			Event #			Amount
Expenditure # (If applicable)	Type of Expenditure (if applicable) Item Coordinated without reimbursement		. —	ated with reimbursem	_		
			SUBTOTAL Section	R — This Page	0		
			TOTAL of additional S	Section R Pages	0		
	TOTAL OF ALL EXPEN	NSES INCURRED (E	ON COMMITTEE C inter total on Line 27 of Su	CREDIT CARD mmary Page Totals)	0		

VAME OF COMMIT			TYPE OF RE	TOOPT		
Aaron Lewis He	ere For Hartford		October 1			
	S. Expenses Incurred by Com	ımittee but Not Paid		_		
Vame of Creditor					Date Incurre	ed .
treet Address		City			State	Zip Code
urpese of Expenditure by code)	Description	Description Event#				unt Incurred mate or Actual)
3xpenditure #	Type of Expenditure (if applicable) Itemization in Addendum	1 S Required O Coordin	nated with reimburgem	ent conaht		
if applicable)	Type-of Expenditure (if applicable) Itemization in Addendum S Required Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Organization: B C B E					
Name of Creditor						
NPG VAN					Date Incurre	ou.
Street Address		City			State	Zip Code
1445 New York	Ave	Washington			DC	20005
urpose of Expenditure	Description		Event #			unt Incurred
by code) OVHD	Campaign software					mate or Actual)
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum	S Required O Coordin	nated with reimbursem	ent sanght	450.0	0
'if applicable)	Coordinated without reimbursement sought O Indepen				, , , , ,	
Name of Creditor					Date Incurre	ed
JoAnna Laiscell					9/23	3/19
Street Address City					State	Zip Code
185 Pine Street Ma		Manchester			СТ	06040
urpose of Expenditure	Description		Event#		Ame	unt Incurred
by code) RMB	Reimbursement - Food				(Estimate or Actual)	
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum	S Required Coordin	nated with reimbursem	ent sought	61.17	
(if applicable)	Coordinated without reimbursement sought Indepen	ndent OOrganization OA	OB OC OD) E		
Varne of Creditor			,		Date Incurre	d
Street Address		City			State	Zip Code
Purpose of Expenditure by code)	Description Reimbursement		Event #			unt Incurred mate or Actual)
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum	S Required O Coordin	nated with reimbursem	ent sought		
'if applicable)	Coordinated without reimbursement sought Independent	. –		_		
		SUBTOTAL Sect	tion S-This Page	511.17		
					· · · · · · · · · · · · · · · · · · ·	
		TOTAL of additional	Section S Pages	0		
TOTAL OF A	LL EXPENSES INCURRED BY COMMITTEE I	URING THIS PERIOD (Enter total on Line 28 of Su		511.17		
	Previously reported	Expenses Unpaid and st	ill Outstanding	0		
	TOTAL OF ALL EXPENSES INCUR	RED BY COMMITTEE Enter total on Line 28a of Su		511.17		

NAME OF COMMITTEE Aaron Lewis Here For Hartford				TYPE OF REPORT October 10 Filling				
	T. Itemization of Re	imbursements	to Committee Wo					
Last Name of Worker/Co.		First		MI	Date of Payment	Method	of Payment:	
Campbell		Alexander			6/30/2019	8	Check # 1010 Debit Card	
Secondary Payee								
NPG VAN								
Street Address			City			State	Zip Code	
1445 New York	Ave		Washington			DC	020005	
Purpose of Expenditure (by code)	Description Campaign Meet and Greet	gn Meet and Greet					Amount	
Expenditure # (if applicable) 1010	Type of Expenditure (if applicable) Itemization in Addendum T Required			150.00				
Last Name of Worker/Co	nsultant	First		MI	Date of Payment	Method	of Payment:	
Campbell		Alexander			8/1/19	8	Ocheck # 1011 Debit Card	
Secondary Payee				1				
NPG VAN								
Street Address			City			State	Zip Code	
1445 New York	Ave		Washington			DC	20005	
Purpose of Expenditure	Description			Event #			Amount	
(by code) OVHD	NPG VAN - Campaign softv	vare						
Expenditure # (if applicable) 1011	Type of Expenditure (if applicable) Itemiza Coordinated without reimbursement		. •		imbursement sought O D OE	150.0	00	
Last Name of Worker/Co	nsultant	First		MI	Date of Payment		of Payment: Check # Debit Card	
Secondary Payee		<u> </u>				<u> </u>		
Street Address	*****		City			State	Zip Code	
Purpose of Expenditure (by code)	Description T		<u> </u>	Event #			Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemiza Coordinated without reimbursement		_		D D E			
			SUBTOTAL Secti	on T—Th	is Page 300.00			
			TOTAL of addition	al Section 1	Pages 0			
TOTALOR	ALL REIMBURSEMENT TO	COMMITTE	E WORKERS AND O	CONSULA	TANTS 300.00			